# FERENCE & ASSOCIATES

400 Broad Street
Pittsburgh, Pennsylvania 15143
Phone: (412) 741-8400
Fax: (412) 741-9292
Web: www.ferencelaw.com

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# **FFICIAL**

## **FACSIMILE COVER SHEET**

To:

**Assistant Commissioner for Patents** 

Fax Number:

(703) 746-7239

From:

Stanley D. Ference III

Date:

May 28, 2004

Pages:

16 pages (including this cover sheet)

#### **MESSAGE:**

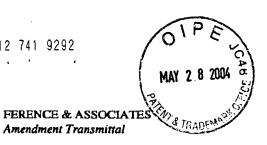
Application No. 09/503,067 Examiner E. Chang Art Unit 2185

Amendment Transmittal
Petition for 2 month Extension of Time
Completed Credit Card Payment Form
Amendment

IBM Docket No. YO-999-567 (590.003)

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Atty. Docket No. YO-999-567 (590.003)

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	pplication	n of	:	Dono et al.								
Serial N	No.		:	09/503,067	Examiner:	E. Chang						
Filed			:	February 12, 2000	Group Art Unit:	2185						
For			:	METHODS AND APPAR	ATUS FOR SELF DE	SCRIBING DEVICES						
P.O. Bo	x 1450	SSIONER OF PATEN 22313-1450	its /	AND TRADEMARKS								
Sir:												
	Transmitted herewith is an Amendment in the above-identified application.											
1.	×	Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.										
				OR								
2.	⊠	In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.										
3.		Small Entity status of this application has been established by a verified statement previously submitted.										
4.	A verified statement to establish Small Entity status is enclosed.											
			<u>CER'</u>	TIFICATE OF FACSIMILE TRAN	SMITTAL							
				ed to as being attached or enclosed ents, P.O. Box 1450, Alexandria, V		ned on (703) 746-7239 on						
Stanley I	). Ference l	III		· · · · · · · · · · · · · · · · · · ·								

Page I of 2

Atty. Docket No. YO-999-567

**FERENCE & ASSOCIATES** 

400 Broad Street

(412) 741-8400

Pittsburgh, Pennsylvania 15143

(412) 741-9292 - Facsimile

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Amendi	ment Tran	smittal												(59	0.003)
5.		Also encl	losed: Comple	eted C	Cred	it Card I	Paymei	nt Form							
6.	$\boxtimes$	No additional filing fee is required.													
7.		The filing fee has been calculated as shown below:													
	After	aining ndment	Highest No. Prev. paid for (Col. 2)		Éxt	sent ra vl. 3)		SMALI RATE		TTTY FEE					ian a iiiix fee
Total	(201.	<del></del>	**	_ =	•	0	_ ,	\$9	=		o	x	\$18	=	T-ata
Claims Ind.		-	***	<del>-</del>	•	0	x	\$42	=		R O	x	\$84	=	
	tiple Depend	lent Claim					+	\$140	=		R O R	+	\$280	=	
rre	sented							TOTAL	=	<b>s</b>	°.		TOTAL	=	<b>5</b>
** 1	If the "High	in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3, hest No. Prev. paid for" in this space is less than 20, write "20" in this space hest No. Prev. paid for" in this space is less than 3, write "3" in this space.  Applicant encloses herewith a check for \$ to cover the filing fee.													
9.		The Commissioner is hereby authorized to charge the \$ filing fee to Deposit Account No. 50-0510.													
10.	×	The Commissioner is hereby authorized to charge payment of any additional filling fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.													
							R	espectful	lly s	ubmitte	æd,				
							F	ERENCE	∃&c.	ASSO	CIATE	<b>5</b> ,			
Dated: May 28, 2004							Stanley D. Forence III Reg. No. 33,879								
Mailin	g Address	<b>:</b>													
	mer No. 3 NCE & A	5195 SSOCIATI	ES												